

**Environmental Protection Agency  
Emergency Response Notification System Report**

ERNS #: 83617

**Report Date:** 10/10/1983    **Report Time:** 1555    **Regional Time:** 0    **Multiple?:** No  
**Received By:**    **Multiple Region Case #:**  
**NRC Report?:** Yes    **NRC Case #:**    **SSI Report?:**  
**Date Entered:** 9/14/1994    **Time Entered:** 11:37:02    **CR\_ERNS Case#:**

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**A. REPORTER**    << This Information is Protected by the Privacy Act >> Exemption 6

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**B. DISCHARGER**

**Affiliation:**    **RCRA Facility?:** No  
**Discharger:** NORTHERN STATES POWER CO    **RCRA ID#:**  
**Contact Name:**    **Telephone:**  
**Address:** 414 NICOLLET MALL    **Telephone 2:**  
**City:** MINNEAPOLIS    **State:** MN    **Zipcode:** 55401    **County:**

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**C. INCIDENT LOCATION**

**Address:** 5100 M AVENUE  
**City:** SIOUX FALLS    **State:** SD    **Zipcode:**    **County:** MINNEHAHA  
**Milepost:**    **Residential Area:** No    **Near School/Daycare?:** No    **SPCC Plan:** No  
**Survey Description:**    **Quad:**    **Sec:** 0    **Township:**    **Range:**  
**Latitude:**    **Longitude:**    **Actual Release?:**

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**D. DATE**

**Discovery Date:**    **Spill Date:** 10/10/1983    **Spill Time:** 1500

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**E. MATERIAL**

**Material Type:** Unknown  
**Material Concentration:** 0

<u>Material Name(s)</u>	<u>UN DOT</u>	<u>CAS</u>	<u>CC</u>	<u>Qty</u>	<u>Unit</u>	<u>Water Qty</u>	<u>&gt;RO</u>
TRANSFORMER				180	Gallons	0	
				0		0	
				0			

**Report Run: 7/14/2017    11:35:27 AM**

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Source Type:	Number of Tanks: 0	Tank Capacity:
Source Comments: TRANSFORMER		

**Medium Type:** Drinking Water Affected?: No

**Waterway:**

**Cause Type:**

**Cause Comments:** BUSHING BROKE ON PAD MOUNT

<b>Injuries:</b>	<b>Deaths:</b>	<b>Property Damage &gt; \$50,000:</b>
<b>Fish or Wildlife Killed?:</b> No		<b>Endangered Species?:</b>

**Evacuation:**                      **Evacuation Number:** 0

**Evacuations were to persons off-site?:** No                      **on-site at facility?:** No

**Agency Type:**  **Agency Name:**   
**EPA Has Notified:**   
**Contact Name:**   
**Contact Phone:**

## NORTHERN STATES POWER CO L

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**M. RESPONSE AND EVALUATION**

-- Response Comments --

Primary Responding Agency: R

Secondary Responding Agency:

Other Responding Agency:

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**M. REGION SPECIFIC INFORMATION - OTHER NOTIFICATIONS BY REGION 8**

State Contact:

Contact Phone:

EPA Internal Notifications:

Referral Planned?:

Notified Nat Resource Trustees?: No

Notified SERC: No

Notified LEPC: No

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**N. REGION SPECIFIC INFORMATION - OTHER ADDITIONAL INFORMATION**

Site Name:

Date Assigned OSC:

Site Access: F

CERCLIS ID #:

TAT Dispatched: No

Needs Site Screening: F

Date Screening Assigned:

Referred to other EPA Program: F

Other Program Name:

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**O. FOLLOW-UP**

C. Incident Location:

F. Source:

G. Medium:

H. Cause:

M. Response & Investigation:

Emergency Response Activity: No

Emergency Response Activity Date:

Responding OSC:

Follow Up Activity:

Followups: 0

Action Memo Date:

Action Memo Approved: No

Polrep Date:

Release Investigation: No

Phone Assistance: No

On-Scene Monitoring: No

TDD#:

Enforcement Activities:

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**P: Comments**